1. ISSUE DATE: 8/26/2010	
1. 1000E DATE. 0/20/2010	
2. FTCA DEEMING NOTICE NO.: 1-F00000408-10-1	
3. COVERAGE PERIOD: FROM: 1/1/2011 THROUGH: 12/31/2011	
4. NOTICE TYPE: Renewal	
5a. ENTITY NAME AND ADDRESS: DETROIT HEALTH CARE FOR THE HOMELESS 20548 FENKELL ST DETROIT, MI 48223-1613	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION
	<b>经担配</b> 54
5b. DBA NAME:	NOTICE OF DEEMING ACTION
O. FILITIES THE STATE OF THE ST	FEDERAL TORT CLAIMS ACT AUTHORIZATION: Federally Supported Health Centers Assistance Act
6. ENTITY TYPE: Grantee	(FSHCAA), as amended, Sections 224(g)-(π) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)
7. EXECUTIVE DIRECTOR: Joseph Ferguson	
8a. GRANTEE ORGANIZATION: DETROIT HEALTH CARE FOR THE HOMELESS	
Bb. GRANT NUMBER: H80CS00033	
D. THIS ACTION IS BASED ON THE INFORMATION SUB REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE AND CONDITIONS INCORPORATED EITHER DIRECTLY	TITLED ENTITY AND IS SUBJECT TO THE TERMS
<ul><li>a. The authorizing program legislation cited above.</li><li>b. The program regulation cited above, and,</li><li>c. HRSA's FTCA-related policies and procedures.</li></ul>	
n the event there are conflicting or otherwise inconsistent percedence shall prevail.	
Electronically signed by Jim Macrae, Associate Administ M	trator for Primary Health Care on: 8/26/2010 8:49:03

1. ISSUE DATE: 11/4/2011 2a. FTCA DEEMING NOTICE NO.: 1-F00000408-11-01 2b. Supersedes: [] 3. COVERAGE PERIOD: DEPARTMENT OF HEALTH AND FROM: 1/1/2012 THROUGH: 12/31/2012 **HUMAN SERVICES** HEALTH RESOURCES AND SERVICES 4. NOTICE TYPE: Renewal **ADMINISTRATION** 5a. ENTITY NAME AND ADDRESS: DETROIT HEALTH CARE FOR THE HOMELESS 20548 FENKELL STREET DETROIT, MI 48223-1613 NOTICE OF DEEMING ACTION FEDERAL TORT CLAIMS ACT AUTHORIZATION: 6. ENTITY TYPE: Grantee Federally Supported Health Centers Assistance Act (FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) 7. EXECUTIVE DIRECTOR: Act, 42 U.S.C. § 233(g)-(n) Joseph Ferguson 8a. GRANTEE ORGANIZATION: DETROIT HEALTH CARE FOR THE HOMELESS 8b. GRANT NUMBER: H80CS00033 9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The authorizing program legislation cited above. b. The program regulation cited above, and, -related policies and procedures.

In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.

10. Remarks:

The check box [x] in the supersedes field indicates that this notice supersedes any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.

Electronically signed by Jim Macrae, Associate Administrator for Primary Health Care on: 11/4/2011 8:55:06 AM

1. ISSUE DATE: 8/28/2012	
2a. FTCA DEEMING NOTICE NO.: 1-F00000408-12-01	
2b. Supersedes: []	
3. COVERAGE PERIOD: FROM: 1/1/2013 THROUGH: 12/31/2013 4. NOTICE TYPE: Renewal	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION
5a. ENTITY NAME AND ADDRESS: DETROIT HEALTH CARE FOR THE HOMELESS 20548 FENKELL STREET DETROIT, MI 48223-1613	NOTICE OF DEEMING ACTION
6. ENTITY TYPE: Grantee	FEDERAL TORT CLAIMS ACT AUTHORIZATION: Federally Supported Health Centers Assistance Act (FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS)
7. EXECUTIVE DIRECTOR: Joseph Ferguson	Ãct, 42 U.S.C. § 233(g)-(π)
8a. GRANTEE ORGANIZATION: DETROIT HEALTH CARE FOR THE HOMELESS	
8b. GRANT NUMBER: H80CS00033	
9. THIS ACTION IS BASED ON THE INFORMATION SU REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOV AND CONDITIONS INCORPORATED EITHER DIRECTL	E TITLED ENTITY AND IS SUBJECT TO THE TERMS
a. The authorizing program legislation cited above.	

- b. The program regulation cited above, and,c. HRSA's FTCA-related policies and procedures.

In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.

10. Remarks:

The check box [x] in the supersedes field indicates that this notice supersedes any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.

Electronically signed by Jim Macrae, Associate Administrator for Primary Health Care on: 8/28/2012 8:24:23 AM

. DATE ISSUED: 2, PROGRAM CFDA: 93.224			U.S. Department of Health a	nd Human Services			
CURERCENES AWARD	NOTICE dated	:					
cept that any additions or restriction	s previously imposed t	remain in effect unless specifica	illy rescinded.		Hoalth Resources and Se	rylces Administration	
a. AWARD NO.:	4b. GRANT NO	D.: 5. FORM			NOTICE OF GRAN		ļ
H80CS00033-11-00	H80CS00033	H66CS00			ALITHORIZATION (Legis	lation/Regulation)	
. PROJECT PERIOD:	1	1100000		F	Public Health Service Act.	Title III. Section 330	
FROM: 05/01/2002 TH	ROUGH: 10/31/	2015		Publi	c Health Service Act, Sect	ion 330, 42 U.S.C. 2	254b
BUDGET PERIOD:					Affordable Care Act,	Section 10003	
FROM: 11/01/2011 TH	ROUGH: 10/31/	/2012					
. TITLE OF PROJECT (C	R PROGRAM)	: HEALTH CENTER C	LUSTER	40 DIRECTO	R: (PROGRAM DIRECTO	R/PRINCIPAL INVE	STIGATOR)
. GRANTEE NAME AND	ADDRESS:	ELEGO		Joseph W Fen			
DETROIT HEALTH CARE 20548 Fenkell Street	FOR THE HOW	ELEGO		DETROIT HE/	ALTH CARE FOR THE HO	MELESS	
Detroit, MI 48223-1613					Icnichols Road		
3HCMIS # 051880				Detroit, MI 482	35-3724 COMPUTATION FOR FINA	NCIAL ASSISTAN	CE:
1.APPROVED BUDGET	(Excludes Direct	ct Assistance)		12. AWARD C	d Financial Assistance This	Derind	\$2,520,886.00
[ ] Grant Funds Only							<b>4</b>  0 1
[X] Total project costs in	cluding grant fur	nds and all other financ	ial	b. Less Unol	bligated Balance from Prio	r Budget Perious	
participation				i. Addition	nal Authority		. \$0.00
a . Salaries and Wages :		\$3,	190,192.00	ii. Offset			\$0.00
b . Fringe Benefits :		\$	740,457.00	c. Unawarde	ed Balance of Current Year	r's Funds	\$1,470,519.00
c . Total Personnel Costs		\$3.	930,649.00		nulative Prior Awards(s) Th		\$0.00
			\$0.00		OF FINANCIAL ASSISTAN		\$1,050,367.00
d . Consultant Costs :			\$2,400.00	e. AWOONT	OF THANKIONE MODIO IV II	102 // 10 / 10 / 10	
e . Equipment :							
f. Supplies:		4	238,814.00				11 - 1-1124
g . Travel :			\$28,000.00	13. RECOMI	MENDED FUTURE SUPP	ORT: (Subject to tr	ie avaliability oi
h . Construction/Alteration	n and Renovatio	n:	\$0.00	funds and sat	isfactory progress of proje	CI) TOTAL COSTS	egger avolate
			825,479.00			\$2,520,886.00	
	1 Consta		.801.824.00	12		\$2,520,886.00	
j . Consortium/Contracti		ψε	\$0.00	13		\$2,520,886.00	
k. Trainee Related Expe	nses :		•				
<ol> <li>Trainee Stipends :</li> </ol>			\$0.00				
m . Trainee Tuition and F	ees:		\$0.00			E BUDGET///a liqu	of cash)
n . Trainee Travel :	•		\$0.00		ED DIRECT ASSISTANC	E BODGET (III lieu	\$0.00 \$0.00
o . TOTAL DIRECT COS	STS:	\$7	,827,166.00		Direct Assistance		\$0.0
p. INDIRECT COSTS (I		VTADC):	\$0.00		warded Balance of Current		
			.827,166.00	c. Less Cum	ulative Prior Awards(s) Th	is Budget Period	\$0.0
q . TOTAL APPROVED			,306,280.00	TIALLOLINIT	OF DIRECT ASSISTANCE	THIS ACTION	\$0.0
i. Less Non-Federa	al Share:		•				
ii. Federal Share:		\$2	2,520,886.00	1		TH ONE OF THE F	OLLOWING
15. PROGRAM INCOME	SUBJECT TO	45 CFR Part 74.24 O	R 45 CFR 9	2.25 SHALL B	E USED IN ACCORD WI	IN ONE OF THE	OLLOWING
ALTERNATIVES:		otor Madahina D=C	)thor				[D]
A=Addition B=Deducti			J11161				
Estimated Program Inco	me: \$4,881,876.	00			The BY LIBOA IS ON The	IE ABOVE TITI ED	PRO IECT
16. THIS AWARD IS BA	SED ON AN AF	PPLICATION SUBMIT	TED TO, AN	ID AS APPRO	VED BY HRSA, IS ON TH	FNCE IN THE FOL	LOWING:
IAND IS SUBJECT TO T	HE TERMS AN	AD COMPLHONS INC	OKLOWYI		the second series of the second second second	low under REMARKS, d. 45	GER Part 74 or 45
lace p-4 00 as seekingble in the	augat there are cooliic	TING OF DUBLINISH INCOMPRESSION F	Citizina abbusani	o 14 tom floor of con-	ove order of precedence shall preva	u. Acceptance of the grant	terms and conditions
acknowledged by the grantee who	n funds are drawn or o	therwise obtained from the grai	it payment system	m.			
REMARKS: (Other Term	is and Condition	s Attached [ X ]Yes	[ ]MO)				
Electronically signed b	u Holon Hornal	d Grante Managemi	ent Officer o	on: 10/27/2011			
17. OBJ. CLASS: 41.51	18. CRS-EIN	v: 19. FL	ITURE REC	OMMENDED	FUNDING: \$0.00		
17, UBJ, ULASS, 41.51	1382724796	**					elin,
	10 34 34 38 3				AMT DID ACCT	SUB PROGRAM	SUB ACCOUNT
FY-CAN	CFDA	DOCUMENT NO.	and the second of the	IN, ASST.	AMT. DIR. ASST.	CODE	CODE
		vege a tiple file in .	0000	670.00	en no	CH	N/A
12 - 3981160	93.224	H80CS00033D0		,976.00	\$0.00 \$0.00	HCH	N/A
12 - 3980879	93.224	H80CS00033D0		,296.00	\$0.00	HCH	N/A
12 - 398879B	93.527	H80CS00033D0		,095.00	\$0.00	CH	N/A
12 - 398160B	93.527	1-180CS00033D0	\$237	,000.00	30.00		J